

Behavioral Health Outpatient (Non-facility) Fee Schedule Effective 7/1/15

Code	Description	Unit of Service	Physician (MD or DO) Modifiers: AM, AF	APRN or Licensed Clinical Psychologist Modifiers: SA, AH	Licensed Masters-level (Supervisor) Modifiers: HO, U8	Associate (under Supervision) Modifiers: U4	Physician Assistant (PA) Modifier: U1	Targeted Case Manager	Other Non-Bachelors-level Modifiers: HN
90785	Interactive complexity	Event	\$10.48	\$8.91	\$8.38	\$7.34	\$7.34		-
90791	Psychiatric diagnostic evaluation	Event	\$97.80	\$83.13	\$78.24	\$68.46	\$68.46		-
90792	Psychiatric diagnostic evaluation with medical services	Event	\$105.30	\$89.51	-	-	-		-
90832	Psychotherapy, 30 minutes with patient and/or family member	30 Minutes	\$47.41	\$40.30	\$37.93	\$33.19	\$33.19		-
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	30 Minutes	\$48.35	\$41.10	\$38.68	\$33.85	\$33.85		-
90834	Psychotherapy, 45 minutes with patient and/or family member	45 Minutes	\$62.90	\$53.47	\$50.32	\$44.03	\$44.03		-
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	45 Minutes	\$61.17	\$51.99	\$48.94	\$42.82	\$42.82		-
90837	Psychotherapy, 60 minutes with patient and/or family member	60 Minutes	\$94.13	\$80.01	\$75.30	\$65.89	\$65.89		-
99354***	Prolonged Services (First Hour)	30 - 60 Minutes	\$71.39	\$60.68	\$57.11	\$49.97	\$49.97		
99355****	Prolonged Services (After the first 60 minutes of prolonged services)	15 - 30 Minutes	\$69.99	\$59.49	\$55.99	\$48.99	\$48.99		
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service	60 Minutes	\$80.73	\$68.62	\$64.58	\$56.51	\$56.51		-
90839	Psychotherapy for crisis; first 60 minutes	60 Minutes	\$98.33	\$83.58	\$78.66	\$68.83	\$68.83		-
90840	each additional 30 minutes	30 Minutes	\$47.17	\$40.09	\$37.74	\$33.02	\$33.02		-
90845	Psychoanalysis	Event	\$67.69	\$57.54	\$54.15	\$47.38	\$47.38		-
90846	Family psychotherapy	Event	\$76.19	\$64.76	\$60.95	\$53.33	\$53.33		-
90847	Family psychotherapy with patient present	Event	\$76.85	\$65.32	\$61.48	\$53.80	\$53.80		-
90849	Multiple-family group psychotherapy	Event	\$24.44	\$20.77	\$19.55	\$17.11	\$17.11		-
90853	Group psychotherapy (other than of a multiple-family group)	Event	\$19.29	\$16.40	\$15.43	\$13.50	\$13.50		-
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes	Event	\$120.29	\$102.25	-	-	\$84.20		-
90870	Electroconvulsive therapy	Event	\$124.98	-	-	-	-		-

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90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy; 30 minutes	30 Minutes	\$31.67	\$26.92	\$25.34	\$22.17	\$22.17		-
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy; 45 minutes	45 Minutes	\$49.28	\$41.89	\$39.42	\$34.50	\$34.50		-
90887	Collateral Therapy	Event	\$63.40	\$53.89	\$50.72	\$44.38	\$44.38		
90899	Unlisted psychiatric service or procedure	Event	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07		-
96101*	Psychological testing per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	60 Minutes	-	\$50.29	\$47.33	\$41.41	-		-
96102*	Psychological testing with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	60 Minutes	-	\$38.24	\$35.99	\$31.49	-		-
96103*	Psychological testing, administered by a computer, with qualified health care professional interpretation and report	60 Minutes	-	\$16.96	\$15.96	\$13.97	-		-
96105	Assessment of aphasia with interpretation and report, per hour	Event	\$72.45	\$61.58	\$57.96	\$50.72	\$50.72		-
96110	Developmental screening, with interpretation and report, per standardized instrument form	Event	\$32.19	\$27.36	\$25.75	\$22.53	\$22.53		-
96111	Developmental testing, with interpretation and report	Event	\$93.59	\$79.55	\$74.87	\$65.51	\$65.51		-
96116	Neurobehavioral status exam, per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	60 Minutes	\$68.22	\$57.99	-	-	-		-

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96118**	Neuropsychological testing, per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	60 Minutes	\$71.11	\$60.44	-	-	-		-
96119*	Neuropsychological testing, with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	60 Minutes	-	\$46.79	\$44.04	\$38.54	-		-
96120*	Neuropsychological testing, administered by a computer, with qualified health care professional interpretation and report	Event	-	\$28.11	\$26.46	\$23.15	-		-
96125	Standardized cognitive performance testing	60 Minutes	\$80.63	\$68.54	\$64.50	\$56.44	\$56.44		-
96150	Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment	15 Minutes	\$15.75	\$13.39	\$12.60	\$11.03	\$11.03		-
96151	re-assessment	15 Minutes	\$15.21	\$12.93	\$12.17	\$10.65	\$10.65		-
99408	Screening, brief intervention, referral to treatment	15 - 30 Minutes	\$20.98	\$17.83	\$16.78	\$14.69	\$14.69		
H0001	Alcohol and/or drug assessment	15 Minutes	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07		-
H0002	Behavioral health screening	15 Minutes	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07		-
H0015 ¹	Alcohol and/or drug services, intensive outpatient program	Per Diem	\$125.00						-
H0031	Mental health assessment by non-physician	15 Minutes	-	\$18.30	\$17.22	\$15.07	\$15.07		-
H0032	Mental health service plan development by non-physician	15 Minutes	-	\$18.30	\$17.22	\$15.07	\$15.07		-
H0038 ¹	Self help/peer services, per 15 minutes	15 Minutes	-	-	-	-	-		\$8.61
H2011	Crisis intervention service, per 15 minutes	15 Minutes	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07		-
H2012	Behavioral health day treatment, per hour	60 Minutes	\$86.12	\$73.20	\$68.90	\$60.28	\$60.28		-
H2019	Therapeutic behavioral health services	15 Minutes	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07		-
H2021	Community based wrap around services	15 Minutes	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07		-
S9480 ¹	Intensive outpatient psychiatric services	Per Diem	\$125.00						

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T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	15 Minutes	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07		-
T2023	Targeted Case Management for Individuals with SED or SMI; Modifier UA will designate SED population	1 Month						\$334.00	
T2023	Targeted Case Management for Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues; Requires modifier TG	1 Month						\$541.00	
T2023	Targeted Case Management for Individuals with Substance Use Disorders; Requires modifier HF	1 Month						\$334.00	

*Limited to LP, LPP, LPA

**Limited to MD/DO/LP

***Must be billed on the same date of service as 90837, Limited to one (1) unit per client, per date of service

****Must be billed on the same date of service as 90837 and 99354, limited to two (2) units per client, per date of service

1. Provider group only; must be billed by provider type 66